CIOH

(512)463-5800

	OFFICEHOLDER INANCE REPORT	6021	FORM C/OH COVER SHEET PG 1
The C/OH Instruction Gui	DE explains how to complete this form	1 ACCOUNT # (Ethics Commission filers) 06302005	2 PAGE# 1 of 24
3 CANDIDATE /	MS / MRS / MR FIRST	Mi	OFFICE USE ONLY
OFFICEHOLDER NAME	RON		Date Received
	NICKNAME LAST DAVIS	SUFFIX	
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;	CITY: STATE: ZIP CODE	
OFFICEHOLDER MAILING	P.O. Box 16665		
ADDRESS	Austin, TX 78761		Date Hand-délivéred or Date Postmarked
Change of Address			So Date Postmarked
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	⊣
OFFICEHOLDER	AREA CODE FIGHE HOME	EATEROOF	<u> </u>
PHONE			Receipt# Amount
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Louis	MI	Date Processed
NAME	NICKNAME LAST		. Date Imaged
	Simms		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 7501 Barcelona Drive Austin, TX 78752	APT / SUITE #; CITY: STATE:	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 453-5322	EXTENSION	
9 REPORT TYPE	January 15 30th day befo	ore election Runoff	15th day after campaign treasurer appointment (offceholder only)
	X July 15 8th day before	e election Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month Day THROUGH	y Year
COVENED	01/01/2005	06/30/2	2005
11 ELECTION	ELECTION DATE ELECTION DATE Month Day Year	CTION TYPE	
	11/02/2008	Primary Runoff	General Special
12 OFFICE	OFFICE HELD (# any) Travis CO Commissioner Pct 1	13 OFFICE SOUGHT (If know Travis CO Commis	wri) ssioner Pct 1
14 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are camp Candidates are required to disclose this info	paign expenditures made by others without the immation only if they receive notification of the d	candidate's prior consent or approval. lirect campaign expenditure.
EXPENDITURE BY OTHER INDIVIDUALS	Name		
	Address/PO Box; Apt. / Suite #; City;	State; Zip Code	
edd:l-onal pages			
	GC	O TO PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT &	TOTALS		Cover	SHEET PG 2
15 C/OH NAME DAVI	IS, RON		16 ACCOUNT # (EI 06302005	hics Commission filers)
17 NOTICE FROM	have been made wit	otice of political expenditures by political committees to support the nout the candidate's or officeholder's knowledge or consent. Cand by receive notice of such expenditures.		
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		<u></u>
additional pages				
	7	COMMITTEE CAMPAIGN TREASURER ADDRESS		
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	29,170.00
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIX	\$	0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$	24,311.46
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	7,627.97
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	#E \$	0.00
19 AFFIDAVIT	FELICITAS B. Netary Public, Stal My Commission DECEMBER C	is true and correct and include me under Title 15, Election Correct and Election Election Correct and Election Ele	les all information required	I to be reported by
AFFIX NOTARY	STAMP / SEAL ABO\	Æ		
Sworn to and subscrib		he saidRon_Davis rtify which, witness my hand and seal of office.	, this the	4th day
Signature of officer adm	· Ch - Ch inistering oath	Felicitas B. Charet Print name of officer administering oath	No tary	Public stering oath

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	The INSTRUCTE	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 1/1	16 Report: 3/24
2	FILER NAME	DAVIS, RON		3 ACCOUNT# 06302005	(Ethics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC(ID#_AFSCM Employees-AFL-CIO)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	02/01/2005	6 Contributor address; City; State; Zip Code 1625 L Street N.W. Washington, DC 20036		\$1,000.00	
9	Principal occur	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/07/2005	Contributor address; City; State; Zip Code P.O. Box 990 Manor, TX 78653		\$125.00	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/19/2005	Contributor address; City; State; Zip Code 11800 Emerald Falls Austin, TX 78738		\$1,000.00	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/31/2005	Contributor address; City; State; Zip Code 2204 S. 3rd St. Austin, TX 78704		\$100.00	·
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/21/2005	Contributor address; City; State; Zip Code 100 CCongree Ave., Suite 1300 Austin, TX 78701-2744		\$500.00	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	l structions)	
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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/	16 Report: 4/24
2 FILER NAME	DAVIS, RON		3 ACCOUNT # 06302005	(Ethics Commission filers)
4 Date	Full name of contributor out-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/19/2005	6 Contributor address; City; State; Zip Code P.O. Box 160573 Austin, TX 78716-0573	•••••	\$1,500.00	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor out-of-state PAC(ID#_Austin Board of Realtors, PAC)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/07/2005	Contributor address; City; State; Zip Code 4106 Medical Parkway Austin, TX 78756		\$500.00	
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/01/2005	Contributor address; City; State; Zip Code 400 W. 14th Street, Suite 230 Austin, TX 78701		\$250.00	
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/19/2005	Contributor address; City; State; Zip Code 10463 Sprinkle Rd. Austin, TX 78754		\$250.00	
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	mes)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/07/2005	Contributor address; City; State; Zip Code 10463 Sprinkle Rd. Austin, TX 78754		\$135.00	
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
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The Instruction	on Guide explains how to complete this form.		1 PAGE # Schedule: 3/	16 Report: 5/24
2 FILER NAME	DAVIS, RON		3 ACCOUNT # 06302005	(Ethics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC(ID#_BMcPAC)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/19/2005	6 Contributor address; City; State; Zip Code 111 Congress Ave., Suite 1400 Austin, TX 78701		\$250.00	
9 Principal occup	action / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/19/2005	Contributor address; City; State; Zip Code P.O. Box 33043 Austin, TX 78737		\$75.00	
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	1
Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/29/2005	Contributor address; City; State; Zip Code 4601 Munson Austin, TX 78721		\$50.00	
Principal occup	ation / Job title (See Instructions)	Emplöyer (See In:	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
01/19/2005	Contributor address; City; State; Zip Code Two Niles Rd. Austin, TX 78703		\$250.00	
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	<u>'</u>
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/19/2005	Contributor address; City; State; Zip Code 505 S. Marine Hills Way Federal Way,, WA 98003-3625		\$200.00	
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
				
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The Instruction	ON GUIDE explains how to complete this form.	 	1 PAGE# Schedule: 4/1	6 Report: 6/24	
2 FILER NAME	DAVIS, RON		3 ACCOUNT# 06302005	(Ethics Commission filers)	
4 Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
02/01/2005	6 Contributor address; City; State; Zip Code 6207 Bee Cave Road, Suite 320 Austin, TX 78746	,,	\$2,500.00		
9 Principal occur	ation / Job title (See Instructions)	10 Employer (See In	Instructions)		
Date	Full name of contributor out-of-state PAC(ID#_ Carter & Burgess, Inc., Political Committee)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/10/2005	Contributor address; City; State; Zip Code 2705 Bee Cave Road, Suite 300 Austin, TX 78746		\$1,000.00		
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	-	
Date	Full name of contributor out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/31/2005	Contributor address; City; State; Zip Code 3904 Becker Ave Austin, TX 78751		\$25.00		
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/07/2005	Contributor address; City; State; Zip Code 2516 Mountain View Austin, TX 78704	• • • • • • • • • • • • • • • • • • • •	\$35.00		
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)		
Date	Full name of contributor out-of-state PAC(ID#_Christoper S. Shields, P.C.)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/14/2005	Contributor address; City; State; Zip Code 1005 Congress Avenue, Suite 480 Austin, TX 78701		\$100.00		
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)		
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The Ins	RUCTION GUIDE explains how to	complete this form.		1	16 Report: 7/24
2 FILER	AME DAVIS, RON	,		3 ACCOUNT # 06302005	(Eth.cs Commission filers)
4 Date	5 Full name of contribu Clark, Pamela Mayo	Itor)	7 Amount of contribution (S)	8 In-kind contribution description (if applicable)
01/19/2	005 6 Contributor address: 4100 Bluffridge Dr. Austin, TX 78759	City: State; Zip Code		\$25.00	
9 Principa	occupation / Job title (See Instru	uctions)	10 Employer (See in	structions)	
Date	Full name of contribu Clark, Pamela Mayo	itor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/29/2	Contributor address; 4100 Bluffridge Dr. Austin, TX 78759	City; State; Zip Code		\$25.00	
Principa	occupation / Job title (See Instru	uctions)	Employer (See In	structions)	· .
Date	Full name of contribu Cofer, George	Itor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2	Contributor address; 3306 Gentry Drive Austin, TX 78746	City; State; Zip Code		\$50.00	
Principa	occupation / Job title (See Instru	actions)	Employer (See In	structions)	
Date	Full name of contribu Daugherty, Gerald	itor		Amount of contribution (\$)	In-kind contribution description (If applicable)
04/07/2	Contributor address; 1403 Club Ridge Cove Austin, TX 78735	City; State; Zip Code		\$200.00	
Principal	occupation / Job title (See Instru	ictions)	Employer (See In	structions)	
Date	Full name of contribution Davidson, Dan	tor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2	Contributor address; 4104 Ridgeline Trl Austin, TX 78731	City; State; Zip Code		\$200.00	
Principal	occupation / Job title (See Instru	ictions)	Employer (See In	structions)	<u> </u>
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The Instruct	ION GUIDE explains how to complete this form.		1 PAGE#	16 Report: 8/24
2 FILER NAME	DAVIS, RON		3 ACCOUNT # 06302005	(Ethics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC(ID# Donald Legacy - J.V. Dirt & CO.)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/23/2005	6 Contributor address; City; State; Zip Code 3600 FM 973 North Austin, TX 78725		\$250.00	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/07/2005	Contributor address; City; State; Zip Code 4410 Twisted Tree Drive Austin, TX 78735		\$125.00	
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/29/2005	Contributor address; City; State; Zip Code 5203 Welcome Gin Austin, TX 78759		\$25.00 [,]	
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/07/2005	Contributor address; City; State: Zip Code 7311 Gunnison Pass Austin, TX 78724		\$125.00	
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/07/2005	Contributor address; City; State; Zip Code 1036 Forest Bluff Tr. Round Rock, TX 78664		\$50.00	
Principal occu	Dation / Job title (See Instructions)	Employer (See In:	structions)	<u> </u>
				
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The Instruct	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 7/1	16 Report: 9/24
2 FILER NAME	DAVIS, RON		3 ACCOUNT # 06302005	(Ethics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC(ID#_Elliott, Christopher Lee)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/07/2005	6 Contributor address; City; State; Zip Code 2405 Westover Rd. Austin, TX 78703		\$100.00	
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/07/2005	Contributor address; City; State; Zip Code 3616 Quiette Dr. Austin, TX 78754		\$200.00	
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor out-of-state PAC(ID#_ Farmer, Gary & Susan)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/10/2005	Contributor address; City; State; Zip Code 309 Lake Cliff Trail Austin, TX 78746		\$500.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/21/2005	Contributor address; City; State; Zip Code P.O. Box 585 Austin, TX 78767	:	\$250.00	:
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	L
Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/07/2005	Contributor address; City; State; Zip Code 1301 McKinney, Suite 5100 Houston, TX 77010		\$500.00	
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
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The Instruct	ion Guide explains how to complete this form.			16 Report: 10/24
FILER NAME	DAVIS, RON		3 ACCOUNT # 06302005	(Ethics Commission fliers)
Date	5 Full name of contributor out-of-state PAC(ID# Fulbright & Jaworski, L.L.P., Texas Committee)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/14/2005	6 Contributor address; City; State; Zip Code 1301 McKinney, Suite 5100 Houston, TX 77010		\$250.00	
Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	<u>L., </u>
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/19/2005	Contributor address; City; State; Zip Code 3312 Bryker Drive Austin, TX 78703		\$250.00	
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC(ID# Graves Dougherty Hearon & Moody)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/23/2005	Contributor address; City; State; Zip Code 401 Congress Avenue, Suite 2200 Austin, TX 78701	• • • • • • • • • • • • • • • • • • • •	\$250.00	
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/19/2005	Contributor address; City; State; Zip Code P.O. Box 142114 Austin, TX 78714-2114		\$250.00	
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/19/2005	Contributor address; City; State; Zip Code 8616 Northwest Plaza Dr. Dallas, TX 75225		\$250.00	
Principal occup	 pation / Job title (See Instructions)	Employer (See In	structions)	

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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/	16 Report: 11/24
2 FILER NAME	2 FILER NAME DAVIS, RON		3 ACCOUNT # (Ethics Commission filers) 06302005	
4 Date	5 Full name of contributor out-of-state PAC(ID#_ Hanlon, Michael & Frances)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/07/2005	6 Contributor address; City; State; Zip Code 4010 Pete's Path Austin, TX 78731-6123		\$25.00	
9 Principal occur	ation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/07/2005	Contributor address; City; State; Zip Code 400 West Main 218 Round Rock, TX 78664		\$100.00	
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor out-of-state PAC(ID# out-of-state PAC(ID# Hemphill, Clayton Thomas)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/18/2005	Contributor address; City; State; Zip Code 3208 Dale Lane Dale, TX 78616-2521	• • • • • • • • • • • • • • • • • • • •	\$100.00	
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	, re.
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/07/2005	Contributor address; City; State; Zip Code 1302 West Avenue Austin, TX 78701	······································	\$250.00	
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/10/2005	Contributor address; City; State; Zip Code 9606 Crumley Ranch Rd. Austin, TX 78738		\$500.00	
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Account of		· · · -	

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The Instruct	NON GUIDE explains how to complete this form.	******	1 PAGE# Schedule: 10)/16 Report: 12/24
2 FILER NAME	DAVIS, RON		3 ACCOUNT # 06302005	(Ethics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC(ID# January-Williams, Annie D.)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/07/2005	6 Contributor address; City; State; Zip Code 6609 Ashland Drive Austin, TX 78723		\$25.00	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/07/2005	Contributor address; City; State; Zip Code 909 Nueces Street Austin, TX 78701		\$125.00	
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC(ID#_ Lan - PAC)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/17/2005	Contributor address; City; State; Zip Code 2925 Briarpark Drive, 4th Floor Houston, TX 77042		\$500.00	
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor uut-of-state PAC(ID#_ Leberman, Lowell Jr.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/19/2005	Contributor address; City; State; Zip Code 3834 Promontory Point Dr. Austin, TX 78744-1100	•••••••••••••••••••••••••••••••••••••••	\$500.00	
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	<u> </u>
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/19/2005	Contributor address; City; State; Zip Code 816 Congress Ste., 1280 Austin, TX 78701		\$200.00	
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	<u> </u>
				

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 11	/16 Report: 13/24
2 FILER NAME	DAVIS, RON		3 ACCOUNT # 06302005	(Ethics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC(ID#_ Linebarger, Roger Dale)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/19/2005	6 Contributor address; City; State; Zip Code 901 W. 9th No. 405 Austin, TX 78703		\$500.00	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/19/2005	Contributor address; City; State; Zip Code P.O. Box 17428 Austin, TX 78760		\$1,000.00	
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor out-of-state PAC(ID#_ Locke Liddell & Sapp, LLP)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/23/2005	Contributor address; City; State; Zip Code 100 Congress Avenue, Suite 300 Austin, TX 78701-4042		\$500.00	
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/19/2005	Contributor address; City; State; Zip Code 1311-A East 6th Street Austin, TX 78702-3301		\$500.00	
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/19/2005	Contributor address; City; State; Zip Code 359 Cinnamon Oak La Houston, TX 77079-7333		\$500.00	
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
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1-800-325-8506

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 12/16 Report: 14/24 2 FILER NAME DAVIS, RON 3 ACCOUNT # (Ethics Commission flers) 06302005 5 Full name of contributor uot-of-state PAC(ID#_ In-kind contribution Amount of Date contribution (\$) description (if applicable) Meschke, Ruby R. (Mrs.) 6 Contributor address; 04/07/2005 City; State; Zip Code \$50.00 3605 Carla Dr. Austin, TX 78754 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date Full name of contributor | out-of-state PAC(ID#_ Amount of In-kind contribution contribution (\$) description (if applicable) Miller, A. Bryce Contributor address; 03/29/2005 City; State; Zip Code \$150.00 1209 W. 5th St. Ste., 200 Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC(ID# Amount of In-kind contribution contribution (\$) description (if applicable) Nias, James Contributor address; 02/21/2005 City; State; Zip Code \$250.00 1116 Reagan Terrace Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution contribution (\$) description (if applicable) Oden, Ken 01/19/2005 Contributor address; City; State; Zip Code \$250.00 1506 Gaston Ave. Austin, TX 78703-2419 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC(ID#_ Date Amount of In-kind contribution Rick Freeman, P.C. contribution (\$) description (if applicable) 03/31/2005 Contributor address; City; State; Zip Code \$125.00 811 Barton Springs Rd., Ste 210 Austin, TX 78704-1163 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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	The INSTRUCTION	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 13	3/16 Report: 15/24
2	FILER NAME	DAVIS, RON		3 ACCOUNT # 06302005	(Ethics Commission flers)
4	Date	5 Full name of contributor out-of-state PAC(ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
(03/10/2005	6 Contributor address; City; State; Zip Code 9301 Winchester Rd. Austin, TX 78733-2600		\$500.00	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	<u> </u>
	Date	Full name of contributor out-of-state PAC(ID# Shaunessy, Burnett, & Greenberg, P.C.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
(01/19/2005	Contributor address; City; State; Zip Code 1000 Norwood Tower 114 West 7th Street Austin, TX 78701		\$500.00	
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
C	03/29/2005	Contributor address; City; State; Zip Code 2615 Pecos Austin, TX 78703		\$25.00	
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor out-of-state PAC(ID#		Amount of contribution (S)	In-kind contribution description (if applicable)
. 0	01/21/2005	Contributor address; City: State; Zip Code P.O. Box 398 Manor, TX 78653-0398		\$1,000.00	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	<u></u>
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
C	03/10/2005	Contributor address; City; State; Zip Code 100 Congress Ave., Suite 1300 Austin, TX 78701		\$500.00	
ı	Principal occup	ation / Job title (See Instructions)	Employer (See in	structions)	

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The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 14/	16 Report: 16/24
FILER NAME	DAVIS, RON		3 ACCOUNT # 06302005	(Ethics Commission filers)
Date	5 Full name of contributor out-of-state PAC(ID# The Law Offices of Brian Roark, P.C.)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
01/19/2005	6 Contributor address; City; State; Zip Code 812 San Antonio Street Ste 305 Aystin, TX 78701		\$500.00	• .
Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC(ID#_ Travis County Sheriffs Law Enforement Association	on)	Amount of contribution (\$)	In-kind contribution description (if applicable
01/19/2005	Contributor address; City; State; Zip Code 8600 Ranch Road 620 N Apt 210 Austin, TX 78726		\$1,000.00	
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC(ID# Travis County Sheriff's Officers Association, PAC)	Amount of contribution (\$)	In-kind contribution description (if applicable
03/16/2005	Contributor address; City; State; Zip Code 400 W 14th St. Suite #220 Austin, TX 78701		\$1,250.00	
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable
01/19/2005	Contributor address; City; State; Zip Code 1211 East 11th Street Austin, TX 78702		\$500.00	
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	•••
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
01/19/2005	Contributor address; City; State; Zip Code 2300 Frist City Tower Houston, TX 77002-6760		\$1,000.00	
Principal occup	vation / Job title (See Instructions)	Employer (See In	t structions)	
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	THAN PLEDGES OR LOAD	NS		SCHEDULE A
The INSTRUCTE	อง Guide explains how to complete this form.		1 PAGE# Schedule: 15	5/16 Report: 17/24
2 FILER NAME	DAVIS, RON		3 ACCOUNT # 06302005	(Ethics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC(ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/07/2005	6 Contributor address; City; State; Zip Code 2942 Higgins St. Austin, TX 78722-1409		\$25.00	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
01/19/2005	Contributor address; City; State; Zip Code 2301 Woodlawn Blvd. Austin, TX 78703		\$250.00	
Principal occup	Dation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor out-of-state PAC(ID# Wild Horse Investment LTD.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/10/2005	Contributor address; City; State; Zip Code 9900 Highway 290 East Manor, TX 78653	,	\$500.00	
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	-
Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/19/2005	Contributor address; City; State; Zip Code 2400 Camino Alto Austin, TX 78746	,	\$500.00	
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC(ID# Winstead, Pete		Amount of contribution (\$)	In-kind contribution description (if applicable)
01/19/2005	Contributor address; City; State; Zip Code 401 Congress Ave. Suite 2100 Austin, TX 78701-3619		\$250.00	
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
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POLITICAL CONTRIBUTIONS

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The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 16/16 Report: 18/24			
FILER NAME DAVIS, RON			3 ACCOUNT # 06302005	(Ethics Commission filers)			
Date	5 Full name of contributor Woodson, Patrick	out-of-state PAC(ID)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable		
01/19/2005	6 Contributor address; 4609 Placid Pl Austin, TX 78731	City; State; Zip Co	\$1,000.00				
Principal occu	pation / Job title (See Instructions	s)	10 Employer (See in	nstructions)			
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Texas Ethics Con	mmission P.O.Box 12070 Austin, Texas	78711-2070	(512)463	3-5800	1-800-325-850
POLITI	ICAL EXPENDITURES			SCH	EDULE F
The Instructi	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 1/6	Report: 19	9/24
2 FILER NAME	DAVIS, RON		3 ACCOUNT # 06302005	(Ethics Commiss	sion filers)
4 Date	5 Payee name Akwasi Evans			7	Amount (\$)
05/19/2005	6 Payee address; City; State; Zip Code 7936 Great Northern Blvd. Austin, TX 78757				\$22.68
information red Purchased b	Inyment (See instructions regarding type of quired.) book on an event in Austin's histrory, "To Defy by Albert Arthur Allison	9 Complete if direct Candidate / Officeholder nar Office sought: Office held:		ifit C/OH **	
Date	Payee name Alfred Stanley and Associates				Amount (\$)
01/24/2005	Payee address; City; State; Zip Code 1409 Hardouin Avenue Austin, TX 78703				\$5,000.00
Purpose of pay information red Contract labor	• •	** Complete if direct Candidate / Officeholder nar	t expenditure to bene	fit C/OH **	
		Office sought: Office held:			
Date	Payee name Alfred Stanley and Associates				Amount (\$)
02/23/2005	Payee address; City; State; Zip Code 1409 Hardouin Avenue Austin, TX 78703		. , , , ,		\$5,000.00
information red	· · · · · · · · · · · · · · · · · · ·	* Complete if direct Candidate / Officeholder na	t expenditure to bene	ifit C/OH **	
Contract labo)r	Office sought: Office held:			
Date	Payee name Alfred Stanley and Associates				Amount (\$)

1409 Hardouin Avenue Austin, TX 78703			
Purpose of payment (See instructions regarding type of information required.) Contract labor	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:		
· · · · · · · · · · · · · · · · · · ·	Office sought: Office held:		

Payee address; City; State; Zip Code

04/12/2005

\$3,321.34

POLITICAL EXPENDITURES

SCHEDULE F

ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/6	Report: 20/24
DAVIS, RON		3 ACCOUNT # 06302005	(Ethics Commission filers)
5 Payee name Capital City Chamber of Commerce			7 Amount (\$)
6 Payee address; City; State; Zip Code 5407 N. IH 35 Austin, TX 78723			\$110.00
I lyment (See instructions regarding type of quired.) orise Luncheon			ifit C/OH **
	Office sought: Office held:		
Payee name Carver Challenge Fund			Amount (\$)
Payee address; City; State; Zip Code 1165 Angelina Street Austin, TX 78702			\$50.00
I yment (See instructions regarding type of quired.) the George Washington Carver Museum	Candidate / Officeholder nam		ifit C/OH **
	Office sought; Office held:		
Payee name Cinco De Mayo Committee			Amount (\$)
Payee address; City: State; Zip Code 314 West 11th Street, Suite 525 Austin, TX 78701			\$25.00
yment (See instructions regarding type of quired.)		•	ifit C/OH **
a, promote, and sponsor culture diversity	Office sought: Office held;		
Payee name Davis, Ron		<u> </u>	Amount (\$)
Payee address; City; State; Zip Code 5403 Chevy Circle Austin, TX 78723			\$2,155.00
Į		,	
yment (See instructions regarding type of quired.) of loan	** Complete if direct Candidate / Officeholder nam	expenditure to bene	efit C/OH **
	DAVIS, RON 5 Payee name Capital City Chamber of Commerce 6 Payee address; City; State; Zip Code 5407 N. IH 35 Austin, TX 78723 yment (See instructions regarding type of quired.) rise Luncheon Payee name Carver Challenge Fund Payee address; City; State; Zip Code 1165 Angelina Street Austin, TX 78702 yment (See instructions regarding type of quired.) the George Washington Carver Museum Payee name Cinco De Mayo Committee Payee address; City; State; Zip Code 314 West 11th Street, Suite 525 Austin, TX 78701 yment (See instructions regarding type of quired.) e, promote, and sponsor culture diversity Payee name Davis, Ron Payee address; City; State; Zip Code 5403 Chevy Circle	DAVIS, RON 5 Payee name Capital City Chamber of Commerce 6 Payee address; City; State; Zip Code 5407 N. IH 35 Austin, TX 78723 yment (See instructions regarding type of quired.) Payee name Carver Challenge Fund Payee address; City; State; Zip Code 1165 Angelina Street Austin, TX 78702 yment (See instructions regarding type of quired.) the George Washington Carver Museum Payee name Cinco De Mayo Committee Payee address; City; State; Zip Code 314 West 11th Street, Suite 525 Austin, TX 78701 yment (See instructions regarding type of quired.) payee name Cinco De Mayo Committee Payee address; City; State; Zip Code 314 West 11th Street, Suite 525 Austin, TX 78701 yment (See instructions regarding type of quired.) payee name Davis, Ron Payee address; City; State; Zip Code 5403 Chevy Circle	Schedule: 2/6 DAVIS, RON 3 ACCOUNT # 06302005 5 Payee name Capital City Chamber of Commerce 6 Payee address; City; State; Zip Code 5407 N. IH 35 Austin, TX 78723 yment (See instructions regarding type of quired.) Payee name Carver Challenge Fund Payee name Carver Challenge Fund Payee address; City; State; Zip Code 1165 Angelina Street Austin, TX 78702 yment (See instructions regarding type of quired.) Payee name Cinco De Mayo Committee Payee address; City; State; Zip Code 314 West 11th Street, Suite 525 Austin, TX 78701 yment (See instructions regarding type of quired.) pe, promote, and sponsor culture diversity Payee name Davis, Ron Payee address; City; State; Zip Code 5403 Chewy Circle Payee address; City; State; Zip Code S403 Chewy Circle

POLITICAL EXPENDITURES

SCHEDULE F

(512)463-5800

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 3/6	Report: 21/24
2 FILER NAME	DAVIS, RON		3 ACCOUNT # 06302005	(Ethics Commission filers)
4 Date	5 Payee name Davis Butts		<u> </u>	7 Amount (\$)
02/09/2005	6 Payee address; City; State; Zip Code 1914 Patton Lane Austin, TX 78723			\$4,500.00
8 Purpose of pa information red Contract Lab	•	9 · · Complete if direct Candidate / Officeholder na		efit C/OH **
		Office held:		
Date	Payee name Fanuel, Chris			Amount (\$)
04/07/2005	Payee address; City; State; Zip Code 1108 Thurgood Circle Austin, TX 78721			\$100.00
Purpose of pa information red Contract Lab		- Complete if direct Candidate / Officeholder na	t expenditure to bene me:	efit C/OH **
		Office held:	·	Y
Date	Payee name Feli Chavez Burleson			Amount (\$)
04/07/2005	Payee address: City; State; Zip Code 11800 Navasota Manor, TX 78653			\$100.00
Purpose of par information red Contract Lab		** Complete if direct Candidate / Officeholder na	t expenditure to beneme:	efit C/OH **
		Office sought: Office held:		
Date	Payee name Foreman, Ray	Описе пена:		Amount (\$)
01/31/2005	Payee address; City; State; Zip Code 606 Rio Grande Austin, TX 78701			\$60.00
Purpose of pay	l yment (See instructions regarding type of quired.)	** Complete if direct Candidate / Officeholder na	t expenditure to bene me:	efit C/OH **
Gratuity for a	fund-raiser at Aquarell Restaurant	Office sought: Office held:		
				

Texas Ethics Con	nmission P.O.Box 12070 Austin, Texas 7	78711-2070	(512)463	3-5800 1-800-325-8500
POLITI	CAL EXPENDITURES			SCHEDULE F
The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 4/6	Report: 22/24
2 FILER NAME	DAVIS, RON		3 ACCOUNT # 06302005	(Ethics Commission filers)
4 Date	5 Payee name J & J Catering and BBQ			7 Amount (\$)
04/12/2005	6 Payee address; City; State; Zip Code 10003 FM 969 Austin, TX 78724			\$317.44
8 Purpose of pa information re-	• •	9 ** Complete if direct Candidate / Officeholder na		fit C/OH ••
1 000 101 1 01	(4.10.00)	Office sought: Office held:		
Date	Payee name Sam Biscoe Special Project			Amount (\$)
05/25/2005	Payee address; City; State; Zip Code P.O. Box 1748 Austin, TX 78767			\$25.00
information red Donated to a	I yment (See instructions regarding type of quired.) ppreciate, promote, and sponsor the n Proclamation Juneteenth	Complete if direct candidate / Officeholder na	it expenditure to bene	fit C/OH **
Date	Payee name Simms, Louis			Amount (\$)
02/23/2005	Payee address; City; State; Zip Code 7501 Barcelona Drive Austin, TX 78752-2006			\$1,000.00
Purpose of par information red Payment on		** Complete if direct Candidate / Offcoholder na	t expenditure to bene me:	efit C/OH · ·
•		Office sought: Office held:		
Date	Payee name Souvenir Booket Committee	· · · · · · · · · · · · · · · · · · ·		Amount (\$)
02/02/2005	Payee address; City; State; Zip Code 2314 East 11th Street Austin, TX 78702			\$50.00
information red	yment (See instructions regarding type of quired.)	** Complete if direc Candidate / Officeholder na	t expenditure to bene	fit C/OH **
i divilased si		Office sought: Office held:		

Austin, Texas 78711-2070

1-800-325-8506 POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 5/6 Report: 23/24 (Ethics Commission filers) 2 FILER NAME DAVIS, RON 3 ACCOUNT# 06302005 Date Amount Payee name Spears, Sue **(S)** 04/07/2005 \$250.00 6 Payee address; City; State; Zip Code 8308 Hillcroft Austin, TX 78724 Purpose of payment (See instructions regarding type of 9 ... Complete if direct expenditure to benefit C/OH ... information required.) Cand:date / Officeholder name: Contract Labor Office sought: Office netd: Date Payee name Amount Texas Campaign for the Environment (\$) 02/14/2005 \$75.00 Payee address; City; State; Zip Code 617 South Congress Avenue, Suite 200 Austin, TX 78704 Purpose of payment (See instructions regarding type of " Complete if direct expenditure to benefit C/OH information required.) Candidate / Officeholder name: Donation Office sought: Office held: Date Payee name Amount Texas Environmental Democrats of Austin **(S)** 03/01/2005 \$10.00 Payee address; City; State; Zip Code 701 Rio Grande Austin, TX 78701 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: information required.) Donation Office sought: Office held: Date Payee name Amount Texas League of Conservative Voters (\$) 01/24/2005 \$2,000.00 Payee address; City; State; Zip Code 44 East Avenue Suite 202 Austin, TX 78701 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate / Officeholder name: Repayment of Loan Office sought:

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 PAGE # Schedule: 6/6 Report: 24/24		
2 FILER NAME	DAVIS, RON		3 ACCOUNT # 06302005	(Ethics Commission filers)
4 Date	5 Payee name Texas Organization of Black County Commi	issioners		7 Amount (\$)
02/11/2005	6 Payee address; City; State; Zip Code P.O. Box 908 Lufkin, TX 75902	e		\$50.00
8 Purpose of pay information red Donation	yment (See instructions regarding type of quired.)	9 * Complete if direct Candidate / Officeholder nat Office sought: Office held:		efit C/OH **
Date	Payee name Thurgood Marshall Legal Society			Amount (\$)
04/01/2005	Payee address: City; State; Zip Code 727 East Dean Keeton Street Austin, TX 78705-3224	e		\$90.00
information req	yment (See instructions regarding type of quired.) in Travis County community educational	Complete if direct candidate / Officeholder nau Office sought: Office held:	ct expenditure to bene ime:	efit C/OH ••
				-